



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date <u>11-15-79</u>	1. Agency Address Office of the Comptroller General Insurance Department Agents Licensing Division 132 State Capitol Atlanta, Georgia 30334	Application Number <u>79-87-A</u>	
Application Number <u>11-15-79</u>		Date Received NOV 19 1979	Date Completed NOV 29 1979
2. Person to Contact Angela Watkins		Working Title Senior Clerk	Telephone Number 656-2100
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>79-87</u> Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest <u>7-1-78</u> <u>7-1-79</u>		5. Records Series Title (followed by title used in office, if different) Request for Certificate of Authority	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? Provides for Administration of State Ins. Laws and Regulations pertaining to licensing of insurance agents by reviewing and approving applications for insurance agents licenses and Certificates of Authority.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. <u>(CERTAIN TYPES OF)</u> Documents relating to: Requesting authority to sell insurance for a particular company.  Included are: "Request for Certificate of Authority," Form G.I.D. 122          File is arranged: numerically by assigned Batch number.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>1</u> ; Seven to twelve months old <u>1</u> ; Thirteen to twenty-four months old <u>seldom</u> ; twenty-five months and older <u>seldom</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) <u>14 record center boxes.</u>			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law             | _____ years. | d. Audit period                   | 1 _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years.   |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.   |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Ga. Ins. Code 56-818a

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 1 \_\_\_\_\_ year(s); then and after State audit, then
- ☐ Transfer to local holding area, hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 3 \_\_\_\_\_ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	11-15-79	<i>[Signature]</i>	11-16-79
State Records Committee (Signature) _____ Date _____			
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	11-27-79
		Secretary of State/Designee	11-27-79
		Attorney General/Designee	11-29-79



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FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Office of the Comptroller General Insurance Department Agents License Division State Capitol Building Atlanta, Georgia 30334	Application Number <b>79-87</b>	
Application Number		Date Received <b>APR 12 1979</b>	Date Completed <b>APR 13 1979</b>
2. Person to Contact Mr. Walter J. Krygier		Working Title Assistant Deputy	Telephone Number 656-2100
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest      Latest 3-1-77      present		5. Records Series Title (followed by title used in office, if different) AGENTS CERTIFICATE OF AUTHORITY POWERS FILES (COMPANY FILES)	
6. Division and Office Function      What is the function of the Division and the Office in which this record series is created?  The Agents License Division is responsible for processing applications and issuing new agents' licenses and renewing permanent licenses; examining agents, conducting pre-hearing conferences and holding formal hearings on offending agents; and for preparing certificates for agents being licensed as non-residents in other states.			
7. Record Series Description      This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: maintaining current lists of individuals appointed to sell or solicit insurance for a particular company, and to collecting annual fees from companies. Included are: "Insurance Licensing System, Request for Agents Certificate of Authority Powers (CGIL 9010-02)," computer printouts for each company containing names of agents appointed; and "Request for Certificate of Authority (G.I.D. 122)" forms submitted by companies during the year for each new agent appointed.  File is arranged: numerically by company code number.			
8. Monthly Reference Rate      How often are records referred to which are: One to six months old <u>1</u> ; Seven to twelve months old <u>1</u> ; Thirteen to twenty-four months old <u>seldom</u> ; twenty-five months and older <u>seldom</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) <u>14 records center boxes</u>			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
N/A		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <i>requests for license info. duplicated in Agent's File</i>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                 |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law             | _____ years. | d. Audit period                   | <u>1</u> years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | <u>3</u> years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.    |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Ga. Ins. Code 56-848(b) 2

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other February then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area, hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); ~~then~~ and until State audit is completed; then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Wm. R. McBurney</i>	<i>4-12-79</i>	<i>Fred Anderson</i>	<i>4-12-79</i>

  

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	<i>4-25-79</i>
Secretary of State/Designee	<i>Carroll Hart</i>	<i>4-24-79</i>
Attorney General/Designee	<i>[Signature]</i>	<i>4-27-79</i>

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)